Maricopa County

MARIPLAN

2000

Employee Benefit Plan Highlights

Know Your Benefits

Contents

The information in this booklet highlights Maricopa County's benefit program.

It is intended to be a guide to help you make important decisions. The benefits described are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.

Maricopa County reserves the right to change or terminate any of its plans, in whole or in part, at any time.

Participation in any of the County's benefit plans is not a contract of employment.

If you would like more information or have any questions about your benefits, contact Employee Benefits. For more information regarding the insurance plans, please call the insurance carriers (refer to page 12 of this Mariplan Brochure).

One way Maricopa County recognizes your valuable contributions is to offer you a comprehensive benefit program.

We've made every effort to provide you with a quality insurance benefit package that is affordable for both you and the County. We are pleased to offer you the following benefit choices which are briefly described in this booklet. It's very important that you read all about the County's insurance benefit programs so you make the best choices for you and your family. For more details, ask the insurance carriers for the individual plan booklets and documents.

The County's benefits program includes:

- Medical Coverage
- Mental Health & Substance Abuse Program
- Dental Coverage
- Life Insurance Options
- Short Term Disability
- Reimbursement Accounts
- Group Automobile

Who's Eligible?

You can participate in Maricopa County's benefits program if you are a regular employee scheduled to work at least 40 hours per pay period.

Temporary employees and those who work less than 40 hours per pay period are not eligible to participate in the benefit plans described in this booklet.

Are My Dependents Covered?

A legally married spouse and eligible children can be covered by the plans. Your unmarried children can be covered if they are under age 19 or a full time student under the age of 25. A student's full time status is determined by the educational institution. Employees must provide a formal transcript from the school to the insurance carrier for children over 19.

Eligible children include natural and adopted children, stepchildren, children who have been placed for adoption, and children for whom you or your spouse is the court-ordered legal guardian.

Children with mental or physical disabilities can be covered past age 19 as long as you or your spouse provide at least half their support and you or your spouse claim them as a dependent on your income tax return. Documentation of their disability is required by the insurance carriers. It is the employee's responsibility to provide this directly to the carrier.

When Does Coverage Start?

Benefits will start the first pay period following 14 days after completed forms are submitted. If paper work is not received within 60 days of employment, your medical coverage will be HealthSelect with single coverage for yourself and basic life only.

How Do I Enroll?

New Hires – You should attend the Employee Orientation enrollment meetings to receive benefit plan information.

If you are not scheduled to attend this meeting, please ask your supervisor for assistance in obtaining your enrollment materials.

Forms are due in the Benefits office within 60 days of your hire date. To prevent a delay in your coverage and preserve your choice of Medical plans, the forms should be turned in as soon as possible.

Once coverage is elected and the 60 day period expires, no change in benefits will be allowed until next open enrollment, unless you have a qualified family status change as defined under IRC Section Code 125.

It's the employee's responsibility to contact the Employee Benefits Office to obtain enrollment materials for the benefit plans.

The County may provide that if a participant waives coverage under the Medical Plans, then such participant may receive an amount of cash from the County.

Who Pays For My Coverage?

Employees who work 30 or more hours per week (75% or more of regular hours for given position) receive the maximum, full time County contributions for the medical benefit plan.

Employees who work 50% to 74% of their position's full time hours receive 65% of the County's full time contributions for the CIGNA medical benefit plan. However, employees who work 50% to 74% of their position's full time hours and join HealthSelect, receive 100% of the County's full time contribution.

Dental coverage and contribution levels are the same as full time employees. Please see the premium rate schedule on page 10 to review your cost share.

Premiums are deducted from your paycheck. **YOU** are responsible to check your pay stub to see that correct deductions are taken.

When you elect your coverage, you authorize the County to collect the rates published and updated from time to time in this document for each plan you join. If there is a clerical error, the County will correct the administrative error on a no loss, no gain basis between you and the County. This means all premiums and claims will be adjusted to reflect the correct amounts back to the point when the error occurred whether paid by the employee or the County.

Deductions for the medical, dental and reimbursement spending account (Mariflex) plans reduce your taxable income and therefore save taxes you would otherwise pay. The tax savings in turn reduces the cost of your benefits. This tax advantage is provided under and follows the rules of Section 125 of the Internal Revenue Code.

What If I Go On A Leave of Absence?

- The Maximum period of time the County will continue its contribution for employees who are on an approved personal leave of absence is 90 days.
- The Maximum period of time the County will continue its contribution for employees who are on an approved medical leave of absence is 180 days.

You must continue to pay your portion of the insurance premium in order to receive County contributions. Non-payment of premium will result in coverage **cancellation** effective the last day of the pay period in which premium was paid. If coverage is canceled by you or as a result of non-payment of premium during any leave of absence without pay, your coverage **may** be reinstated with no waiting period and with no-pre-existing condition limitations upon your return to a benefit eligible active employment status with Maricopa County.

When Does Coverage End?

Coverage ends the last day of the payroll period in which premium was paid or the last day of the payroll period in which the employee ceases to be in a benefit eligible position, whichever comes first.

When Can I Make Changes?

Maricopa County's Cafeteria Plan allows a participant to revoke a benefit election during the plan year under the following condition: if the revocation or re-enrollment is due to a qualified family status change and consistent with the status change as defined under IRC Section Code 125. Benefit election changes are consistent with family status changes only if the election changes are necessary or appropriate as a result of the family status change.

If you have a family status change any time during the year, you can change the level of your coverage (for example, from "Employee Only" to "Employee and Family") if you do so within 31 days of the family status change event. If you acquire a new dependent, you must notify the benefits department within 31 days. You cannot switch from one plan to another. Special rules apply to life insurance and short term disability.

It is the responsibility of the employee to submit the change request on an enrollment/change form within 31 calendar days of a family status change. Retroactive changes may not be allowed unless otherwise required by law.

Examples of Qualified Family Status Changes as permitted by IRC Section Code 125

- **Add a Dependent**
  Marriage
  Birth
  Adoption of a child
  Legal Guardianship of a child
  Qualified Medical Child Support Order
- **Lose a Dependent**
  Divorce
  Legal Separation
  Death
  Dependent Child reaches limiting age of contract
- **Change of Spouse's Employment**
- **Switching** from part time to full time employment (or vice-versa) of the employee or the employee's spouse which affects the availability of benefits.
- **An unpaid leave** of absence by either the employee or the employee's spouse.
- **A significant change** in health coverage of the employee or the employee's spouse attributable to the spouse's employment.

It is the responsibility of the employee to provide a family status change request to Employee Benefits within 31 days of the change event.

CIGNA HealthCare (POS)

Group #: P569 Account #: 2514445

CIGNA allows you to select your provider from two provider networks. There is also an *out-of-network* option with reduced benefits.

Your in-network coverage gives you the highest level of coverage at the lowest cost. You must identify a Primary Care Physician (PCP) when you initially enroll. Your PCP is the key to maximum benefits with low copayments. There are no deductibles and no claim forms to fill out.

Each family member can choose his/her own PCP from the CIGNA HealthCare Center directory or the Private Practice directory. A PCP can be a Family Practice Physician, a Specialist, in Internal Medicine, or Pediatrics. You CANNOT split your PCP choices between the CIGNA Health Care Center directory and Private Practice directory. You may change your PCP at any time. In order to receive in-network coverage for a specialist, you must have a referral from your PCP.

Out-of-network coverage allows you to see any doctor of your choice. However, you will be responsible for submitting a claim and paying out-of-network deductibles and copayments. You may also be required to pay any amount over the usual and customary fees as determined by CIGNA.

Preventive care is not covered out-of-network and claims cannot be used toward your deductible. For out-of-network coverage you will need to file a claim for reimbursement of your medical expenses.

CIGNA has an open formulary for prescription drugs. Coverage is provided through RxPRIME, a CIGNA owned company. RxPRIME has a $5 copay for each 30-day supply. There is also a mail order drug program that provides a 90-day supply of maintenance drugs for a $10 copay.

CIGNA provides a chiropractic and limited alternative medical benefit.

Maricopa County also includes a Vision benefit through SightCare for CIGNA plan participants. Effective 1/1/2000, employees who elect CIGNA health coverage will have the option to elect an enhanced vision benefit for themselves and their CIGNA covered family members. The enhanced benefit will cover one pair of frames and lenses or contacts every calendar year instead of the basic benefit of one pair every 2 calendar years.

Employees who first enrolled in 1999 may want to consider this enhanced benefit. Employees who enrolled in 1998 will be entitled to glasses and contacts again in 2000. They may want to wait until 2001 to purchase the enhanced benefit.

Employees will have the option to upgrade to the one-year benefit only at open enrollments or during the year due to family status changes. Those members who are entitled to new frames/contacts immediately following an open enrollment may wait to the subsequent open enrollment to upgrade to the one-year benefit.

Pre-Existing Limitation

A pre-existing condition is any illness or injury that is diagnosed or treated during a 90-day period immediately before your effective date of coverage under this plan.

Under the Health Insurance Portability and Accountability Act (HIPAA), you will receive credit toward a pre-existing waiting period for any group health care coverage you had. You must provide a certificate from your previous employer which documents there was no more than a 63-day period between termination of your prior health coverage and employment with the County.

HealthSelect

Effective 1/1/2000, HealthSelect members can choose a Primary Care Physician (PCP) from a single expanded network of over 200 physicians and nine hospitals throughout the Valley.

Members may self-refer to internal medicine, pediatric, OB/GYN or family practice physicians in the HealthSelect network. No prior authorization from the health plan is needed for these visits nor, does the Primary Care Physician have to refer the member to the specialist.

For visits to most specialists in the network, no prior authorization is needed from HealthSelect. The member must simply obtain a referral to the specialist from the Primary Care Physician prior to the visit.

HealthSelect now provides vision benefits through the SightCare program. With this benefit, members may receive one pair of eyeglasses ($90 retail value) or contacts every 12 months for a $10 copay. Please review the SightCare brochure for details.

Additional benefits offered by Health Select:

- No pre-existing condition limitation
- A dedicated customer service specialist, especially for HealthSelect members
- Low premiums, low copayments
- No deductibles, no claim forms
- $5 copayment for prescriptions
- $5 copayment for doctor's visits
- Adult dental (limited)
- Pediatric dental services (up to age 19)
- Prescription mail delivery service ($5 copay, 30-day supply, selected Family Health Center pharmacy locations)
- Alternative medicine
- Chiropractic
- $120 hearing aid benefit
- Fitness club membership discounts

You must have a "Qualified Family Status Change" as defined by Internal Revenue Service Section Code 125 in order to change your medical, dental, or reimbursement accounts after January 1, 2000. Please review this brochure for further information on how to make changes to your insurance plans during the plan year.

Medical Benefits	CIGNA HealthCare POS		HealthSelect
	In Network	Out of Network	
Calendar year Deductible	None	$300/person $900/family	None
Co-Insurance	100%	70% covered expenses up to $6,000/calendar year, then 100%	100%
Lifetime Maximum Benefits	Unlimited	$1,000,000	Unlimited
Pre-existing Conditions	N/A	90 days treatment-free or 12 months of coverage	N/A
Preventive Care	$5 copay	Not Covered	$5 copay
Doctor's Office Visits	$5 copay	70% coinsurance after deductible	$5 copay
Prescription Drugs	$5 copay. 30-day supply generic. Extra cost of brand over generic is responsibility of subscriber (Must use RxPRIME Network)	$5 copay. 30-day supply generic. Extra cost of brand over generic is responsibility of subscriber (Must use RxPRIME Network)	$5 per prescription at participating pharmacies. Must be in HealthSelect's formulary for coverage. Maximum 30-day supply or 100 unit supply at a time (not to exceed 30 days)
Injectable Medications & Allergens	$5 copay	70% coinsurance after deductible	$5 copay (on formulary)
Inpatient Hospital (including Doctor & facility charges)	100%	70% coinsurance after deductible	100%
Surgery	100%	70% coinsurance after deductible	100%
Outpatient Hospital	100%	70% coinsurance after deductible	100%
Outpatient Lab & X-Ray	100%	70% coinsurance after deductible	100%
***Emergency Facility** (if meets emergency treatment criteria)	$50 copay, then 100% (waived if admitted to hospital)	$50 copay, then 100% (waived if admitted to hospital)	$50 copay, then 100% (waived if admitted to hospital)
Urgent Care Facility	$20 copay	70% coinsurance after deductible	$5 copay
Ambulance (medical emergency only)	100%	100%	100%
Mental Health & Substance Abuse	See Mental Health & Substance Abuse Section	See Mental Health & Substance Abuse Section	See Mental Health & Substance Abuse Section
Outpatient Rehabilitation Physical Therapy, Speech Therapy Occupational Therapy	$5 copay 60 visits per condition	70% coinsurance after deductible 60 visits per condition	$5 copay 60 visits per condition
Alternative Medicine	6 visits, self-referred to designated network. $60 supplies	6 visits, self-referred to designated network. $60 supplies	Assessment plus 4 visits; self-referred $10 copay. $35 supplies
Hearing Aid	100% standard model	70% coinsurance after deductible	$120 allowance
Chiropractic	$5 if Primary Care Physician authorized	70% coinsurance after deductible	Assessment plus 6 visits. $10 copay, no prior authorization
Dependent Children who are unmarried and legally dependent upon employee and/or spouse	Covered to age 19 unless full time student and then up to age 25	Covered to age 19 unless full time student and then up to age 25	Covered to age 19 unless full time student and then up to age 25

* You are responsible for notifying your carrier within 48 hours of receiving emergency room services. All emergency room services must meet carrier criteria for in-network coverage.

Vision Benefits Comparison

Vision Benefits	CIGNA POS	Maricopa Health Systems – HealthSelect
See your SightCare Vision Plan Brochure for details	Through SightCare using Nationwide Vision Network or private doctor network with optional enhanced benefit	Through SightCare using Nationwide Vision Network or private doctor network including enhanced benefit
Eye Exam	1 routine eye exam per year; no copay with Nationwide network; $10 copay for private doctor network	1 routine eye exam per year; no copay with Nationwide network; $10 copay for private doctor network; no out-of-network benefit
Eyeglasses or contacts	1 pair eyeglasses or contacts every 2 calendar years; optional election for 1 pair every calendar year	1 pair eyeglasses or contacts every calendar year

Mental Health & Substance Abuse Benefits

When you enroll in a County medical plan, you will automatically be enrolled in the Managed Mental Health & Substance Abuse Program (MHSA). Your eligible dependents must also be covered under your County medical plan in order to be covered by MHSA. This program provides benefits for mental health and substance abuse disorders. There is no additional premium cost for you to participate in the program.

If you waive your medical coverage, you are not covered for MHSA.

There is a pre-existing condition limitation. If you or a covered dependent has been treated for a behavioral health condition in the three months prior to coverage, no behavioral health benefits will be payable until the member is treatment free for three months or simply covered for 12 months. Treatment is considered diagnostic services, consultation or prescription drugs. For exceptions to this, please see HIPAA regulation.

There are three ways to access MHSA:

- Managed Mental Health & Substance Abuse Plan Help Line 24 hours a day
- Maricopa County Employee Assistance Program
- Sheriff's Office Psychological Services (Sheriff's Office Employees)

Through these services you can receive confidential counseling whenever you or a covered dependent is faced with a personal challenge. Provided below is a summary of the benefits. It is IMPORTANT you understand that for any benefits to be paid, any and all services must be pre-approved by Managed Care Counseling (MCC), the program manager.

Type of T reatment	Treatment Through MCC Clinical Group Providers and Approved by MCC	Treatment NOT Through MCC Clinical Group Providers but Approved by MCC
Outpatient Care Individual therapy Group therapy	100% after $10 copay 100% after $5 copay (combined visit limitation; 30 sessions per year)	$25 benefit per session $25 benefit per session
Intermediate Care (Intensive out-patient care)	$12.50 copay per day	Not covered
Inpatient Care Detoxification and Other inpatient treatment (per confinement)	$25 copay per day	Not covered
Prescription Drugs	Covered by medical plan	Covered by medical plan
X-Ray & Lab (in connection with treatment plans)	100%	Not Covered
Other Medically Related Charges	May be covered by medical plan under applicable rules	May be covered by medical plan under applicable rules
Pre-Existing Conditions Limitation	3 months treatment-free or 12 months of County medical plan coverage	3 months treatment free or 12 months of County medical plan coverage

To receive any benefit under the plan, MCC must certify that the treatment is medically necessary before you start treatment. Please contact MCC at 1- 800-343-2183 for certification.

United Dental

Group # 82458

United Dental Care has designed the 385AZ Dental HMO plan and installed an expanded Dental Network to replace the Associated Health Plan (AHP) program on 1/1/2000. This comprehensive 385AZ Dental HMO plan will provide services such as a $3.00 office visit co-payment, free exams, free x-rays, and free semi-annual cleanings. We have enhanced our Benefit Schedule by adding services for cosmetic bleaching, veneers, I.V. sedation and general anesthesia. Additional comprehensive services are available at a reduced co-payment. Specialty care is now self-referred and available at either a fixed co-payment if provided by a Preferred Specialist, or at a 25% discount off of usual and customary fees for all other contracted specialists.

Along with a 25% larger network, the new Dental HMO plan offers the option for **each family member to select their own Family Dentist** from the United Dental Care Directory of Dentists.

Delta Dental

Group # 2723

Delta Dental offers you freedom of choice in providers. If your dentist is a Delta participating Dentist (almost 80% of all Arizona Dentists are), you only pay your copayment and deductible, if applicable, for covered services. Your dentist files the claim form for you and Delta pays your dentist on the basis of their own pre-filed fee or Delta Dental's allowable fee, whichever is less. If your dentist is not a Participating Dentist, you will be responsible for filing the claim form and paying your dentist. Delta's payment will be made according to the dentist's billed charges or Delta's non-participating fee allowance, whichever is less, and mailed directly to you. Out-of-state claim payments are based on Arizona allowable levels.

HealthSelect offers limited adult and pediatric dental services as a part of the health plan's benefit package. See the HealthSelect benefit certificate for details.

Dental Benefits	United Dental	Delta Dental
	Provided by an assigned United contract dentist	Based on in-network Usual, Customary and Reasonable Fees as defined by Delta
Deductible	None	$50.00 per person/$100 per family (waived for preventive care)
Annual Maximum Per Person	No Maximum	$1,500
Preventive		
Cleaning (2X annually)	No Charge	No Charge
Office Visit	$3 copay	No Charge
Oral Exams	No Charge	No charge/maximum 2 visits per year (including cleanings)
Fluoride	No Charge	No Charge for children under 17
X-Rays (2 films)	No Charge	No Charge
Restorative		
Amalgam (2 surface permanent)	$8 copay	80%/ silver amalgam; and for front teeth only, synthetic tooth color fillings.
Sealant for Children	$10 copay per tooth	80% (Once every 3 years through age 18)
Oral Surgery	$3 copay for simple routine extraction	80%
Endodontics	root canal – anterior $125 copay; root canal – bicuspid $145 copay	80%
Periodontics	$45 copay – full mouth debridement $48 copay – perio scaling, and root planing, per quadrant	80% 80%
Emergency Treatment For Pain Relief	Reimbursement of a maximum $50	80%
Prosthodontics		
Porcelain w/Metal Crown	$235 copay	50% (covered every 5 years)
Complete Dentures	$275 copay	50%
Partial Dentures	$285-$305 copay	50%
Orthodontic Services	Under Age 19 Maximum $1,000 to $2,250 copay 19 & over $1,150 to $2,450 copay	50%, $1,000 lifetime benefit (separate from calendar year maximum)

We realize how important life insurance protection is to you and your family. That's why we pay for basic life. We also offer four levels of supplemental coverage which include AD&D coverage and two levels of dependent life coverage you can buy.

Basic Life

Group # GL 28284-7

The County provides you with basic life Insurance of 1x annual salary or $40,000, whichever is less, at no cost to you.

Supplemental Life with Accidental Death and Dismemberment (AD&D) Double Indemnity

Group # GL 36121-6

If you want additional protection, you can purchase supplemental life and AD&D insurance. You can elect coverage in amounts of 1x, 2x, 3x or 4x your annual salary. If you elect more than $300,000, you will have to provide evidence of good health. The maximum coverage you can have is $500,000 (basic and supplemental combined).

Basic life and supplemental life is paid for any cause of death. The supplemental life benefit also includes AD&D. This benefit doubles the face value of your supplemental life benefit in the event of an **accidental** death. AD&D also provides a benefit in the event of an accidental loss of a limb or an eye (please refer to your life insurance certificate for further information).

If you want to increase your supplemental life/AD&D coverage more than one level during open enrollment, you will have to provide evidence of good health.

If you don't enroll in supplemental life/AD&D when you are first hired, you can only do so within 31 days of:

- the date you acquire your first dependent, whether spouse or child, or
- the date evidence of good health that you submitted is approved.

Terminal Illness Benefit

If you are diagnosed with a terminal illness, you may request 50% of your supplemental life insurance benefit or $50,000, whichever is less.

Special Rates for Non-Smokers

As part of the County's commitment to good health, a reward is offered for leading a healthier lifestyle. If you are a non-smoker, your life insurance premiums are lower than smokers'.

Dependent Life

In addition to life insurance for yourself, you can choose life insurance for your eligible dependents.

Note: If your spouse is an employee of Maricopa County, only one of you may elect dependent life.

You can choose the following amounts:

	A	or	B
SPOUSE *	$5,000		$10,000
CHILDREN	$2,500		$5,000
	(age 14 days to 19 years or to age 25 if a full time student)		

*Spouse coverage cannot exceed 50% of employee's coverage.

When you or your spouse reaches age 70, life insurance will be reduced to 45% of the original amounts; at age 75 life insurance will be reduced to 30% of the original amounts and at age 79 coverage is reduced to 20% of the original amounts.

Conversion

You can convert your basic life and dependent life benefit to a whole life policy upon termination. Your forms must be sent to the life insurance company within thirty days of your termination from the group contract.

The supplemental life insurance is portable so you can elect to keep this coverage and pay the amount you were paying via payroll deductions plus an administrative fee. You must forward your request to continue your coverage to the carrier within thirty-one days of the time you lose your benefit. Please contact Employee Benefits for additional information.

Your Short Term Disability Benefits

The Short Term Disability plan pays benefits if you are unable to work and lose income because of a covered illness or injury for which you are being treated.

You can choose one of the following benefit levels, subject to a $2,000 maximum bi-weekly benefit.

- 40% of weekly salary*
- 50% of weekly salary
- 60% of weekly salary
- 70% of weekly salary

There is a 21 day benefit waiting period from onset of disability to when your benefit becomes payable. Benefits are paid bi-weekly for up to a maximum of six months (including your waiting period), or until your disability ends, whichever comes first.

* Closed to new employees effective 1/1/2000.

Your benefit will be reduced by any income that you receive, including but not limited to:

- County-provided PTO/FML (sick pay for courts)*
- County paid donated leave
- Workers' Compensation, income protection
- All retirement or disability benefits from any State or Government plan
- All Veteran's disability pension benefits if received for the same disability

*Complete use of your PTO/FMLA leave accruals during a disability period may be waived if requested and approved by the Human Resources Director

If you have another disability in less than two weeks after you've been back to work, it will be considered the same disability, unless it is unrelated to the previous one. No new disability period will begin until you have been back to work for at least one full pay period.

Pre-existing Condition Limitation for STD

If you have a disability for which you received treatment (including diagnostic services and prescription drugs) within 90 days before your coverage became effective, no benefits will be payable for that condition until you have been treatment-free for three months or covered by the plan for twelve months.

Mariflex Reimbursement Accounts

Reimbursement Spending Accounts allow you to pay for eligible health care and dependent/elder care expenses and save money on taxes at the same time. Once a year you decide how much you want to put into your account(s). That amount is taken from your pay and deposited into your account(s) in equal installments. Then, when you have eligible expenses, you file for reimbursement from your account(s). Original receipts must accompany each reimbursement claim form.

You make deposits to your account(s) with pre-tax dollars. This means your deposits come out of your pay before income taxes and Social Security taxes are deducted. This reduces the income that you have to pay taxes on.

Maricopa County has two reimbursement accounts, a Health care Account and a Dependent/Elder care (day care) Account.

Through the health care account you can pay for expenses that you or any IRS eligible dependent incurs (subject to approval by the Internal Revenue Service) that aren't covered in your medical & dental plans. You can also pay for deductibles and copays from your health care account. Through the dependent/elder care account you can pay for expenses related to the care of your dependent so you can work, such as day care.

Be sure to estimate only enough money for your needs. All eligible expenses must be incurred by the end of the plan year. You will have until March 31st of the following year to file your claim. You will forfeit any left over money in your account.

Our reimbursement account program is called "Mariflex". If you are interested and would like more information, call Employee Benefits.

Active Employees - Insurance Eligible Premium Rates 2000

Important Reminder: Payroll deductions for the insurance plans will be made each payday, a total of 26 paydays per Calendar Year. Premiums listed reflect the bi-weekly payroll deduction. Actual premium deduction may vary by 1 or 2 cents due to rounding.

The following medical insurance plan costs include the cost of the Managed Mental Health Substance Abuse Program.

Medical Insurance Plan Costs

	County Contribution 75% to 100%	Employee Cost Of Full Time	County Contribution 50% to 74%	Employee Cost Of Full Time
CIGNA HealthCare With Basic SightCare Benefit				
Employee Only	$ 76.86	$ 2.37	$ 49.96	$ 29.28
Employee plus Spouse	$131.59	$ 31.58	$ 85.53	$ 77.64
Employee plus Child(ren)	$122.02	$ 26.48	$ 79.31	$ 69.18
Employee plus Spouse & Child(ren)	$167.29	$ 50.75	$108.75	$109.30
CIGNA HealthCare With Optional Enhanced SightCare Benefit				
Employee Only	$ 77.75	$ 2.40	$ 50.54	$ 29.61
Employee plus Spouse	$132.88	$ 31.82	$ 86.37	$ 78.33
Employee plus Child(ren)	$123.14	$ 26.63	$ 80.05	$ 69.73
Employee plus Spouse & Child(ren)	$169.12	$ 51.28	$109.93	$110.47
HealthSelect				
Employee Only	$ 76.86	$ 0.00	$ 76.86	$ 0.00
Employee plus Spouse	$131.59	$ 15.26	$131.59	$ 15.26
Employee plus Child(ren)	$122.02	$ 11.89	$122.02	$ 11.89
Employee plus Spouse & Child(ren)	$167.29	$ 32.67	$167.29	$ 32.67

You must have a "Qualified Family Status Change" as defined by the Internal Revenue Service under the Section 125 Code in order to change your medical, dental or reimbursement accounts after January 1, 2000. Please review the "Mariplan Brochure" for further information on how to make changes to your insurance plans during the course of the plan year.

Dental Insurance Benefits Costs

	Bi-weekly County Contribution	Bi-weekly Employee Cost
United Dental		
Employee Only	$ 1.71	$ 1.71
Employee plus Spouse	$ 3.77	$ 3.77
Employee plus Child(ren)	$ 3.88	$ 3.88
Employee plus Spouse & Child(ren)	$ 5.06	$ 5.06
Delta Dental		
Employee Only	$ 4.67	$ 4.67
Employee plus Spouse	$ 10.30	$ 10.30
Employee plus Child(ren)	$ 11.12	$ 11.12
Employee plus Spouse & Child(ren)	$ 14.30	$ 14.30

Short Term Disability Plan Costs

Paid by Employee

Multiply Your Bi-weekly Base Pay By The Following Rate:	Bi-weekly Rate Multiple of Pay
Option 1: 40% of Bi-weekly Base Salary ($2,000 maximum benefit)*	0.0040
Option 2: 50% of Bi-weekly Base Salary ($2,000 maximum benefit)	0.0050
Option 3: 60% of Bi-weekly Base Salary ($2,000 maximum benefit)	0.0060
Option 4: 70% of Bi-weekly Base Salary ($2,000 maximum benefit)	0.0070

* Closed to new employees effective 1/1/2000.

Basic Life Insurance Costs

Basic Life
1X Salary up to $40,000 **Paid by Maricopa County**

Supplemental Life Insurance/AD&D Costs

Supplemental Term Life Insurance
Paid by Employee.

Terminal Illness; Portability; Accidental Death & Dismemberment (AD&D)
Paid by Employee. When you are first hired, you can elect 1,2,3 or 4 Times Annual Salary up to $300,000 ($500,000 with approved medical evidence). You may increase your coverage by one level during open enrollment without providing evidence of good health. Cost per $1,000 of coverage and by age as of birthday month:

	2000 Bi-weekly per $1,000 of Coverage Smoker	2000 Bi-weekly per $1,000 of Coverage Non-Smoker
Under age 25	$0.046154	$0.032308
25-29	$0.050769	$0.036923
30-34	$0.055385	$0.046154
35-39	$0.092308	$0.050769
40-44	$0.129231	$0.064615
45-49	$0.249231	$0.110769
50-54	$0.443077	$0.198462
55-59	$0.461538	$0.253846
60-64	$0.706154	$0.424615
65-69	$0.863077	$0.600000
70 and Older	$1.416923	$1.116923

Dependent Life Insurance Costs

Paid by Employee

	Option One	Option Two
Spouse	$5,000	$10,000
Children (age 14 days to 19 years 25 years if full time student)	$2,500	$5,000
Bi-weekly employee cost:	$0.54	$1.09

Important Phone Numbers

Maricopa County Employee Benefits
Maricopa County Administration Building
301 West Jefferson Street, Suite 201
Phoenix, Arizona 85003-2145

Employee Benefits _____602-506-1010

Employee Benefits Fax _____602-506-2354

Payroll _____602-506-3519

Medical Plans

CIGNA HealthCare _____800-832-3211

Emergency/Urgent Care (24 hours a day) _____602-271-3000

RxPRIME_____800-622-5579

Tel-Drug _____800-835-3784

Managed Mental Health Care Plan (MCC)

Help Line (24 hours a day) _____ 800-343-2183

HealthSelect

Maricopa County Integrated Health System____602-344-8760
Outside Phoenix _____800-582-8686

Vision Plan

SightCare_____480-961-1702

Dental Plans

United _____800-456-2345

Delta Dental _____800-352-6132

Mariflex Claim Administration _____800-659-3035

Life Insurance Plan

ReliaStar _____602-956-3993

Life Insurance Claims _____800-328-4090

Conversion and Portability _____800-955-7736

Short Term Disability Plan

UNUM _____800-345-6495 X4288

COBRA Administration

Administrative Enterprises, Inc. _____602-789-1170

Employee Assistance Program insideMaricopa County _____602-264-4600 Press 2

Employee Assistance Program outside Maricopa County _____800-327-3517 Press 2

Group sponsored auto & Property/Casualty Ins. ___602-395-9111

Retirement Programs

Arizona State Retirement System_____602-240-2000

Public Safety Personnel Retirement System ____602-255-5575

PEBSCO Deferred Compensation _____602-266-2733

Payroll Schedule 2000

Beginning	Ending	Pay Days
December 13, 1999	December 26, 1999	December 30, 1999 (Thursday)
December 27, 1999	January 9, 2000	January 14, 2000
January 10	January 23	January 28
January 24	February 6	February 11
February 7	February 20	February 25
February 21	March 5	March 10
March 6	March 19	March 24
March 20	April 2	April 7
April 3	April 16	April 21
April 17	April 30	May 5
May 1	May 14	May 19
May 15	May 28	June 2
May 29	June 11	June 16
June 12	June 25	June 30
June 26	July 9	July 14
July 10	July 23	July 28
July 24	August 6	August 11
August 7	August 20	August 25
August 21	September 3	September 8
September 4	September 17	September 22
September 18	October 1	October 6
October 2	October 15	October 20
October 16	October 29	November 3
October 30	November 12	November 17
November 13	November 26	December 1
November 27	December 10	December 15
December 11	December 24	December 29